

Activities Week 8-14 July 2021

**PARENTAL CONSENT TO DISPENSE MEDICATION
(Medication must be supplied to school in its original packaging and clearly labelled with the pupil's name and within the expiry date.)**

Pupil's NameDate of Birth.....

Class:

Parent/Carer Name (Please print).....

Emergency Contact Number:

GP Name: Location:

GP Telephone Number: NHS Number:

Date of last tetanus :

I give consent for staff at The Park School to give my child medication prescribed by our doctor as directed below. I accept full responsibility for this instruction.

Paracetamol tablets	Yes/No	Sunscreen	Yes/No
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Signed Date
(Parent/|Carer)

Name of Medicine	Dose	Frequency/times	Special Instructions

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